

Violence Against Kentucky Women

Research findings and the experience of the health and justice systems in Kentucky over the past decades have documented the negative physical and mental health outcomes for women victimized by rape, domestic violence and stalking. The evidence compels health and mental health professionals to look beyond the criminal justice label and address the critical needs of victims in clinics and hospitals across Kentucky.

The Incidence of Violence Against Women

Historically, domestic violence and sexual assault have been viewed as a criminal justice or social problem, not as an area of concern for health and mental health professionals. Research and clinical experience of the past decade, however, have highlighted the negative physical and mental health outcomes for women who are victimized by these most intimate types of crimes. If one is to assess the welfare of Kentucky's women and the factors which directly impact their health and mental health status, the crimes of domestic violence, rape, and stalking must be considered.

Crimes of violence against women are, in part, so insidious because of their extensive nature. In the most recent national survey on the topic, the

National Violence Against Women Survey (NVAW) found that approximately 52 percent of women surveyed reported being physically assaulted and almost 18 percent reported being victims of rape or attempted rape at some point during their lifetime.¹ The survey also found that in the 12 months preceding the survey, almost 2 million women were physically assaulted and 302,091 women were victims of forcible rape. The NVAW survey findings also paint a picture of who poses the greatest threat to women, documenting that the majority of violence against women is perpetrated by intimate partners. Specifically, the majority of women responding to the survey said it was an intimate partner who had raped (62 percent), physically assaulted (72 percent), or stalked (60 percent) them after they turned eighteen years of age.^{2, 3} (Fig. 1)

Violence Against Women - Crime of Gender

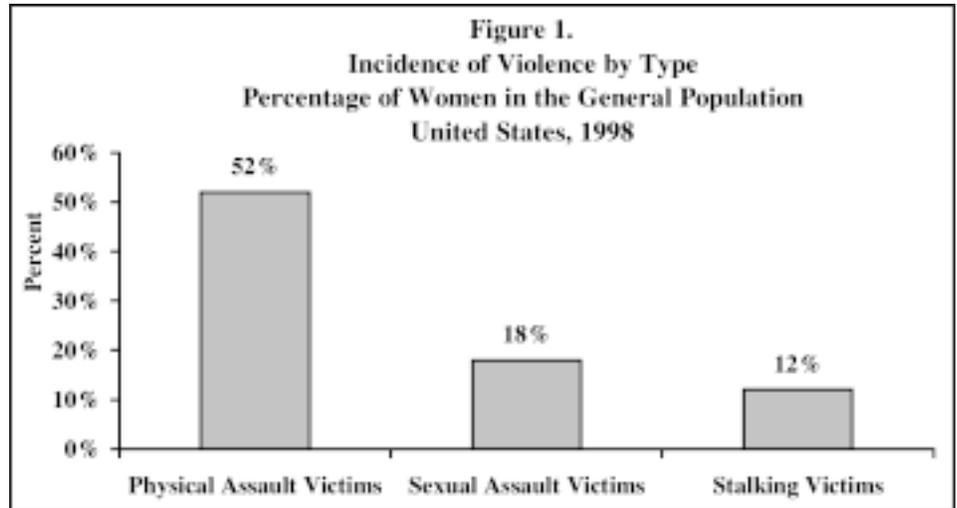
Domestic violence is a crime of violence, yet the literature documents it is also a crime of gender. In 1996, violence by an intimate partner accounted for 21 percent of the violent crime against women compared to 2 percent for men.⁴ The 1996 National Crime Victimization Survey revealed that three out of every four victims of intimate

partner murder were female.⁵ Similarly, among murder victims for every age group, females are much more likely than males to have been murdered by an intimate partner.⁶ The survey also documents gender differences for violence experiences and severity, including:

- **Rate of Violence:** Lifetime rates of physical assault by intimate are higher for women (25%) than men (7.6%);
- **Frequency of Assault:** Of intimate violence victims, women average 6.9 assaults and men average 4.4 assaults;
- **Injury Severity:** Women experience more chronic and injurious violence than do men, with 41.5 percent of women and 19.9 percent of men being injured during most recently experienced physical assault

The Danger of Violence Against Women

At its most extreme, violence against a woman can take her life, making appropriate response to these crimes much more pressing. Studies show that women are more likely to be killed by their male intimate partners than by any other type of perpetrator.^{7, 8, 9} Partner homicides of women are typically preceded by a history of physical and other domestic



SOURCE: Tjaden & Thoennes, 1998

abuse and often involve a recent attempt or completion of separation by the woman from the relationship.^{10, 11, 12} The Bureau of Justice Statistics National Crime Victimization Survey reports the following about domestic violence victims.¹³ (Fig. 2)

The Consequences of Violence Against Women

Domestic violence and sexual assault are directly linked to a number of negative physical and mental health consequences for female victims. The NVAW survey found that women physically assaulted by an intimate had been assaulted an average of almost seven times, and approximately 1 in 3 women sexually and/or physically assaulted since age 18 reported being physically injured during their most recent assault.¹⁴ In a hospital

Figure 2.
Facts about Domestic Violence Victims

- Nearly 30 percent of all female homicide victims were killed by their husbands, former husbands or boyfriends;
- Just over three percent of male homicide victims were known to have been killed by their wives, former wives, or girlfriends;
- The rate of intimate-offender attacks on women separated from their husbands was about three times higher than that of divorced women and about 25 times higher than that of married women.

SOURCE: Greenfield, L.A., Rand, M.R., Craven, D., Flaus, P.A., Perkins, C.A., Ringel, C., Warchol, G., Maston, C., & Fox, J.A. (1998). *Violence by intimates: Analysis of data on crimes by current or former spouses, boyfriends, and girlfriends* (NCJ -167237). Washington, D.C.: Department of Justice, Bureau of Justice Statistics

emergency room study, more than one third of women seeking emergency medical care for violence-related injuries had been injured by a current or former spouse.¹⁵

The degree to which women suffer physical health complaints resulting from partner violence is related to the nature of abuse: as the frequency and severity increase, women are more likely to report an array of physical health problems.^{16, 17} Additionally, when asked directly, women often attribute physical health problems to the physical and psychological abuse they suffer at the hands of their partners.¹⁸ Research has identified risk factors for physical injury in rape victims: assaults during which the offender was drinking, having children witness the assault, experiencing previous violence by the same partner, fearing one's life was in danger, and experiencing high levels of emotional abuse, were all related to increased risk of both minor and severe injuries.¹⁹ With evidence of the wide ranging impact of violence on every facet of a women's life, studies have now shown that chronic pain, miscarriage, irritable bowel syndrome, and psychosomatic and somatic complaints have all been associated with victimization.^{20, 21, 22} Research also makes clear the association of domestic or sexual abuse and substance use and abuse for women.^{23, 24, 25, 26, 27}

Within the last decade, child advocates and domestic violence experts have begun to recognize the impact domestic abuse has on children. Research from the Bureau of Justice

Statistics now suggests that children are present in 80 percent of homes where there is violence against a women. The correlation between spouse abuse and the physical or sexual abuse of children in the home is now documented to reach up to 70 percent.²⁸ Abuse of the mother usually precedes violence against the child and a positive correlation exists between the severity of abuse directed at spouses and children.^{29, 30, 31}

Violence Against Women - Mental Health Concern

Domestic violence and rape take their toll, not just on the physical health of a woman, but also on her mental health. When asked what aspect of the violence had the most damaging long-term impact, victims often reported that the psychological abuse had the most crippling effect. Not surprisingly, as a result, depression has been found to be a primary mental health response for women who are victims of battering.^{32, 33} Depression was the strongest indicator of domestic violence for women seeking medical care at a family practice medical center in one study. Additional studies show that as the form and severity of abuse increases, depressive symptoms also increase.^{34, 35} Several studies have also linked stalking victimization to depression, sleeplessness, anxiety, anger, intense stress and symptoms of trauma.^{36, 37, 38} The high incidence of abuse sequelae in mental health populations has lead professionals to recommend screening of clients for victimization history and training for mental health providers.³⁹

In addition to depression, trauma reactions are a common mental health sequelae associated with intimate victimization. A growing body of research indicates that women victimized by rape, stalking, or domestic violence, frequently present symptoms which are characteristic of Post-Traumatic Stress Disorder (PTSD).^{40, 41, 42, 43, 44} The likelihood of developing PTSD has been found to increase when stressors are experienced under conditions of perceived life threat, injury, and a great deal of force, all of which are characteristic of domestic abuse and sexual assault cases.⁴⁵

Violence Against Women - Workplace Concern

Violence occurs in all employment settings and impacts countless employees each year in Kentucky. Although the majority of domestic violence is perpetrated in the secrecy of the home, offenders also stalk, harass, and harm their partners where they work. Sexual offenses also occur in the workplace or are perpetrated by colleagues of public employees. While Kentucky boasts a comprehensive network of resources aimed at protecting victims and holding offenders accountable, these crimes continue to pose a threat for many victims and public employees.

According to the National Victim Center, domestic violence crimes cost America over \$5 billion per year in medical expenditures, employee turnover, and lost productivity and up to 96 percent of employed victims have experienced some type of work

related problem due to domestic violence.^{46, 47} Additionally, up to 85 percent of victims often find themselves restrained from working due to environmental controls placed on them by an offender, including limited access to transportation or sleep deprivation.⁴⁸ In a recent study by the Bureau of Labor Statistics, 30 percent of women who died in the workplace lost their lives to homicide, a number three times greater than the number of men dying by the same means.⁴⁹ Rape has the highest annual tangible and intangible victim cost at \$127 billion per year and each incident has been estimated to cost a victim approximately \$87,000 in lost productivity, medical and mental health care costs, property loss/damage, and quality of life.⁵⁰ Additionally, the National Violence Against Women Survey reported that 26 percent of stalking victims said their victimization caused them to lose time from work.⁵¹

Fig. 3



SOURCE: The Governor's Office on Child Abuse and Domestic Violence Services 2001

In order to address the incidence and impact of violence against women in the workplace, in August 2001, the Governor and First Lady of Kentucky implemented an Executive Branch Policy on Domestic Violence and Sexual Assault in the Workplace. (Fig. 3) The policy has three important components:

1. Zero Tolerance for Domestic Violence and Sexual Assault:

The Commonwealth of Kentucky is committed to a workplace in which domestic violence and sexual assault are neither tolerated nor excused. Any employee who misuses state resources to perpetrate domestic violence or sexual assault in any form including physical assault, rape, stalking and threats to harm at or from the workplace will be subject to disciplinary action up to and including dismissal. This includes both face-to-face interaction and the use of workplace resources such as phones, fax machines, e-mail, mail or other means. If the perpetrator’s job position provides access to certain types of identifying or confidential information and said information is used to harm a victim, the employee shall be subject to corrective or disciplinary action.

2. Creating Safety for Victims of Domestic Violence and Sexual Assault:

The Executive Branch is committed to providing a sensitive and safe workplace for victims of sexual assault or domestic violence. Guidelines will be provided to supervisors and employees to aid in preparing responses when a victim discloses abuse and to

ensure access to needed resources for protection and support. Additionally, all reasonable efforts will be made to assist victims who need time off for medical appointments, legal assistance, court appearances, relocation or to make other arrangements for their personal safety. Victims will not be discriminated against with respect to their employment because they are a victim of domestic violence or sexual assault.

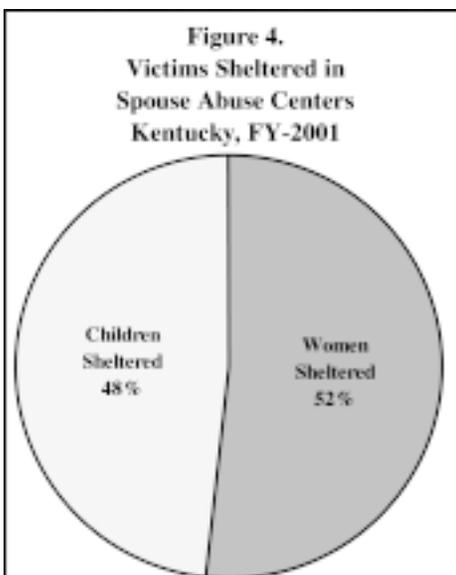
3. Safe and Productive Workplaces for All Employees:

Recognizing the impact of domestic violence and sexual assault on the workplace, the Commonwealth of Kentucky will undertake efforts to raise the awareness of all employees to these crimes. The Commonwealth will post resource information in buildings and on agency web sites related to the Executive Branch policy and resources available for assistance when needed.

Kentucky Data On Rape and Domestic Violence

One of the primary resources for victims of domestic violence across Kentucky is the state’s network of battered women’s shelters. During FY 2001, 2,146 women sought shelter from domestic abuse through one of these programs, bringing with them 2,007 children. An additional, 20,531 women were served through the outreach or non-residential services of these domestic violence programs. (Fig. 4)

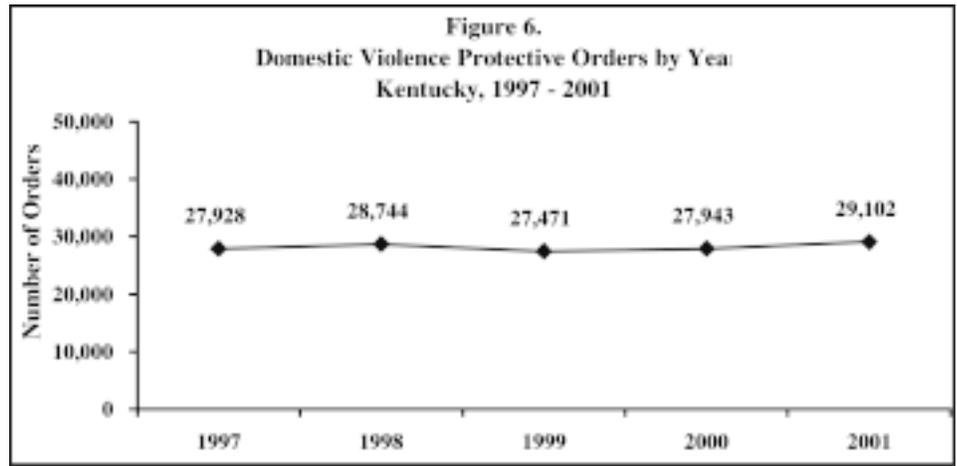
A similar advocacy and services network exists for sexual assault victims through



SOURCE: Kentucky Domestic Violence Association

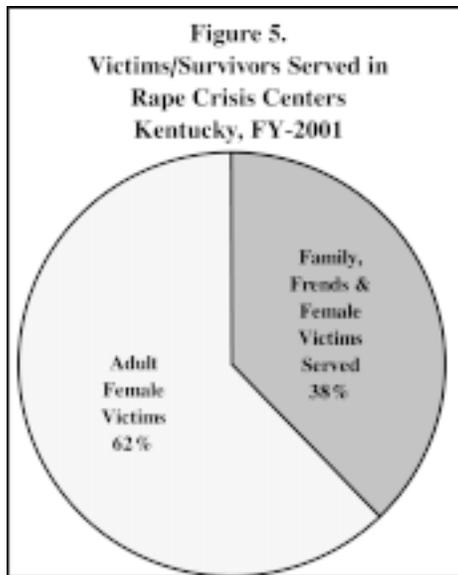
Rape Crisis Centers. During FY 2001, 4,384 adult female victims and survivors were served through Rape Centers. An additional 2,648 family members and friends of victims were served during the same period. (Fig. 5)

In 1984, the Kentucky General Assembly passed the Domestic Violence and Abuse Act in order to afford victims of domestic violence with an additional source of civil protection from violence. During 2001, over 29,000



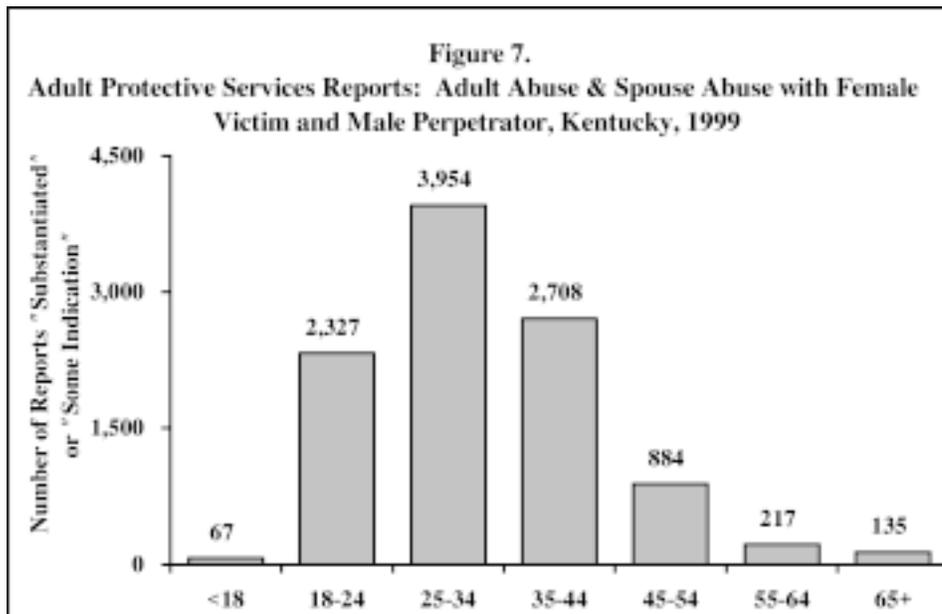
SOURCE: Kentucky Administrative Office of the Courts

petitions for domestic violence orders were issued by Kentucky courts to protect victims and their children. (Fig. 6)



SOURCE: Kentucky Department for Mental Health/Mental Retardation Services

Kentucky law requires anyone who knows or suspects spouse abuse to initiate a report to the Cabinet for Families and Children. Such reports are intended to afford victims and their families an additional resource of protection, and provide an understanding regarding the incidence of this crime in the Commonwealth. In FY 99, over 22,000 reports of adult abuse (including all ages and genders) were made to the Cabinet for Families and Children. Over 10,000 of these



SOURCE: Kentucky Cabinet for Families and Children. Analysis courtesy of the Intimate Partner Violence Surveillance Project, University of Kentucky

**Figure 8.
Sexual and Domestic Violence
Related Assault Provisions
in Kentucky Law**

- A certification program for mental health professionals who provide court-ordered domestic violence offender treatment
- Certification program for nurses who conduct forensic rape exams
- The consideration of domestic violence as custody and visitation decisions are made by courts
- The development of prosecution policies for domestic violence crimes
- Mandatory domestic violence training for criminal justice, health and mental health professionals.

SOURCE: Governor's Office on Child Abuse and Domestic Violence Services, 2001

cases consisted of adult & spouse abuse with a female victim and male perpetrator. (Fig. 7)

The History of Reform in Kentucky

Ensuring that crimes involving violence against women receive fair treatment under the law has not been easy to accomplish nationally or in Kentucky. Over the last 15 years, however, significant reforms have been accomplished. Like all other states, Kentucky implemented a stalking law in the 1990s as a means of protecting domestic violence and sexual assault victims. Additionally, the 1990 General Assembly passed marital rape legislation. Enhanced penalties for repeated domestic violence-related assaults, special conditions of bond upon the release of sexual and domestic violence offenders, arrest for misdemeanor domestic violence assaults without a warrant, and other provisions have been

incorporated into Kentucky law. (Fig. 8)

In 1994, the attempt by every state to address crimes of violence against women was significantly enhanced by passage of the National Violence Against Women Act (VAWA). One of the key tenants of the 1994 Act provides for the full enforcement of domestic violence protective orders across state lines. In 1996, the Kentucky General Assembly passed legislation codifying the provisions of federal law. Kentucky's efforts to implement the full faith and credit provisions of VAWA were also facilitated through a special grant provided by the U.S. Attorney General's Office through which Kentucky served as a model laboratory. The grant, called *Project Interface*, made key progress. In July of 1998, a second full faith and credit grant was awarded to Kentucky, which is currently being reviewed by the U.S. Department of Justice.

NOTES

- ¹ Tjaden, P. & Thoennes, N. (1998). Stalking in America: Findings from the national violence against women survey. NCJ-166952. National Institute of Justice, Centers for Disease Control and Prevention. Washington, D.C.: Bureau of Justice Statistics, U.S. Department of Justice.
- ² Tjaden & Thoennes, 1998.
- ³ Tjaden, P. & Thoennes, N. (2000) The role of stalking in domestic violence crime reports generated by the Colorado Springs Police Department. Violence and Victims, 15, (4), pages 427 – 441.
- ⁴ Greenfield, L.A., Rand, M.R., Craven, D., Flaus, P.A., Perkins, C.A., Ringel, C., Warchol, G., Maston, C., & Fox, J.A. (1998). Violence by intimates: Analysis of data on crimes by current or former spouses, boyfriends, and girlfriends (NCJ – 167237). Washington, D.C.: Department of Justice, Bureau of Justice Statistics.
- ⁵ Greenfield et al, 1998.
- ⁶ Cooper, M., & Eaves, D., (1996). Suicide following homicide in the family. Violence and Victims, 11(2), 99 – 112.
- ⁷ Kellerman, A.L., & Mercy, J.A. (1992). Men, women and murder: Gender-specific differences in rates of fatal violence and victimization. Journal of Trauma, 33, 1 – 5.
- ⁸ McGuire, K. & Pastore, A.L. (Eds.). (1996). Sourcebook of criminal justice statistics 1995. NCJ-176356. Washington, D.C.: Bureau of Justice Statistics, U.S. Department of Justice.
- ⁹ Koss, M.P., Goodman, L.A., Browne, A., Fitzgerald, L.F., Keita, G.P., & Russo, N.F. (1994). Male violence against women at home, at work, and in the community. Washington, DC: American Psychological Association.
- ¹⁰ Ellis, D., & DeKeseredy, W.S. (1997). Rethinking estrangement, interventions, and intimate femicide. Violence Against Women, 3, 590 – 609.
- ¹¹ Arbuckle, J., Olson, L., Howard, M., Brillman, J., Anctil, C., & Sklar, D. (1996) Safe at home: Domestic violence and other homicides among women in New Mexico. Annals of Emergency Medicine, 27, 210 – 215.
- ¹² Sev'er, A. (1997) Recent or imminent separation and intimate violence against women. Violence Against Women, 3, 566 – 589.
- ¹³ Greenfield et al, 1998.
- ¹⁴ Tjaden & Thoennes, 2000.
- ¹⁵ Rand, M., & Strom, K. (1997) Violence-related injuries treated in hospital emergency departments (Bureau of Justice Statistics special report). Washington, D.C: U.S. Department of Justice.
- ¹⁶ Eby, K., Campbell, J., Sullivan, C., & Davidson, W. (1995). Health effects of experiences of sexual violence for women with abusive partners. Health Care for Women International, 16, 563-576.
- ¹⁷ Sutherland, C., Bybee, D. & Sullivan, C. (1998). The long-term effects of battering on women's health. Women's Health: Research on Gender Behavior, and Policy, 4, 1, 41-70.
- ¹⁸ Eby et al, 1995.
- ¹⁹ Thompson, M.P., Saltzman, L.E., & Johnson, H. (2001). Risk factors for physical injury among women assaulted by current or former spouses. Violence Against Women 7(8): 886 – 899.
- ²⁰ Coben, J., Forjuoh, S. & Gondolf, E. (1999). Injuries and health care use in women with partners in batterer intervention programs. Journal of Family Violence, 14, 1, 83-94.
- ²¹ Dutton, M., Haywood, Y., & El-Bayoumi, G. (1997). Impact of violence on women's health. (41-56). In S. Gallant, G. Puryear Keita, and R. Royak-Schaler (Eds). Health Care for Women: Psychological, Social, and Behavioral Influences. Washington, D.C.: American Psychological Association.
- ²² McCauley, J., Kern, D., Kolodner, K., Dill, L., Schroeder, A., DeChant, H., Ryden, J., Bass, E., & Derogatis, L. (1995). The "battering syndrome": Prevalence and clinical characteristics of domestic violence in primary care internal medicine practices. Annals of Internal Medicine, 123, 10, 744-781.
- ²³ Arellano, C. (1996). Child maltreatment and substance use: a review of the literature. Substance Use & Misuse, 31(7), 927-935.
- ²⁴ Brewer, D., Fleming, C., Haggerty, K., & Catalano, R. (1998). Drug use predictors of partner violence in opiate-dependent women. Violence and Victims, 13, 2, 107-115.
- ²⁵ Covington, S. (1997). Women, addiction, and sexuality. In L. Straussner & E. Zelvin (Eds.), Gender and addictions: Men and women in treatment (pp. 79-95). Northvale, NJ: Jason Aronson.
- ²⁶ Dunn, G., Ryan, J., & Dunn, C. (1994). Trauma symptoms in substance abusers with and without histories of childhood abuse. Journal of Psychoactive Drugs, 26, 4, 357-360.
- ²⁷ Kilpatrick et al, 2000.
- ²⁸ Bowker, L.H., Arbitell, M., & McFerron, J.R. (1988) On the relationship between wife beating and child abuse. In K. Yllo & M. Bogard (Eds.) Feminist perspectives on wife abuse (pp. 158 – 174. Newbury Park, CA: Sage.
- ²⁹ Bowker et al, 1988.
- ³⁰ Edleson, J.L. (1999) Children's witnessing of adult domestic violence. Journal of Interpersonal Violence, 14, 839 – 870.
- ³¹ Stark, E., & Flitcraft, A.H. (1988) Women and children at risk: A feminist perspective on child abuse. International Journal of Health Services, 18, 97 – 118.
- ³² Gleason (1993). Mental disorders in battered women: An empirical study. Violence and Victims 8: 53 – 68.
- ³³ Campbell, J.C. (1995) Assessing dangerousness: Violence by sexual offenders, batterers, and child abusers. Thousand Oaks, CA: Sage.
- ³⁴ Saunders, D.G., Hamberger, K., & Hovey, M. (1993). Indicators of woman abuse based on a chart review at a family practice center. Archives of Family Medicine, 2, 537-543.
- ³⁵ Cascardi, M. & O'Leary, K.D. (1992). Depressive symptomatology, self-esteem, and self-blame in battered women. Journal of Family Violence 7: 249 – 259.
- ³⁶ Pathé, M. & Mullen, P. (1997). The impact of stalkers on their victims. British Journal of Psychiatry, 170, 12-17.
- ³⁷ Spitzberg, B., Nicastro, A., & Cousins, A. (1998). Exploring the interactional phenomenon of stalking and obsessive relational intrusion. Communication Reports, 11, 33-47.
- ³⁸ Mechanic, M.B., Weaver, T.L., & Resick, P.A. (2000) Intimate partner violence and stalking behavior: Exploration of patterns and correlations in a sample of acutely battered women. Violence and Victims, 15, 55 – 72.
- ³⁹ Jordan, C. & Walker, R. (1994). Guidelines for handling domestic violence cases in community mental health centers. Hospital and Community Psychiatry, 45, 2, 147-151.
- ⁴⁰ Mechanic, 2000.
- ⁴¹ Pathé & Mullen, 1997.
- ⁴² Kilpatrick & Resnick, 1993.
- ⁴³ Kilpatrick et al, 1997.
- ⁴⁴ Astin, M.C., Lawrence, K.J., & Foy, D.W. (1993). Posttraumatic stress disorder among battered women: Risk and resiliency factors. Violence and Victims 8: 17 – 28.
- ⁴⁵ Resnick, H., Kilpatrick, D., Dansky, B., Saunders, B., & Best, C. (1993) Prevalence of civilian trauma and posttraumatic stress disorder in a representative national sample of women. Journal of Consulting & Clinical Psychology, 61, 984-991.
- ⁴⁶ National Victim Center. 1992. Crime and Victimization Report.
- ⁴⁷ Stanley, C. 1992. Domestic Violence: An Occupational Impact Study. Tulsa, OK.
- ⁴⁸ United States General Accounting Office. 1998. Domestic Violence: Prevalence and Implications for Employment Among Welfare Respondents. USGAO Report to Congressional Committees.
- ⁴⁹ Bureau of Labor Statistics. 2001. Fatal Occupational Injuries and Employment by Selected Worker Characteristics. U.S. Department of Labor.
- ⁵⁰ Miller, C., Cohen, M., and Wieserman, B. 1996. Victim Costs and Consequences: A New Look. National Institute of Justice.
- ⁵¹ Tjaden & Thoennes, 1998.